YORK HOSPITAL

CORRECTIVE ACTION PROCEDURES AND FAIR HEARING PLAN

4/27/16

Table of Contents

Page

ARTICLE I. CORRECTIVE ACTION PROCEDURES 2
1.1 CORRECTIVE ACTION 2
1.1.1 WHEN INITIATED 2
1.1.2 REQUESTS AND NOTICES 2
1.1.3 PROCEDURE 2
1.1.4 INVESTIGATION 2
1.1.5 MEDICAL EXECUTIVE COMMITTEE ACTION 3
1.1.6 EFFECT OF MEDICAL EXECUTIVE COMMITTEE RECOMMENDATION AND BOARD DECISION 4
1.2 PRECAUTIONARY SUSPENSION 4
1.2.1 WHEN INITIATED 4
1.2.2 PROCEDURE AND NOTICE 5
1.2.3 INVESTIGATION 5
1.3 AUTOMATIC SUSPENSION 5
1.3.1 WHEN INITIATED 5
1.3.2 PROCEDURE 7

ARTICLE II. INITIATION OF HEARING 7
2.1 TRIGGERING RECOMMENDATIONS OR ACTIONS 7
2.2 NOTICE OF ADVERSE DECISION OR ACTION 8
2.3 REQUEST FOR HEARING 8
2.4 WAIVER BY FAILURE TO REQUEST A HEARING 9
2.4.1 EFFECT OF WAIVER 9

ARTICLE III. HEARING PREREQUISITES 9
3.1 NOTICE OF TIME AND PLACE FOR HEARING 9
3.2 APPOINTMENT OF HEARING COMMITTEE 10
3.2.1 BY HOSPITAL 10
3.2.2 SERVICE ON HEARING COMMITTEE 10
3.2.3 OUTSIDE HEARING COMMITTEE 10

ARTICLE IV. HEARING PROCEDURE 10
4.1 PERSONAL PRESENCE 10
4.2 PRESIDING OFFICER OR HEARING OFFICER 11
4.3 RIGHTS OF PARTIES 11
4.3.1 PRE-HEARING PROCESS 11
4.3.2 HEARING PROCESS 11
4.4 PROCEDURE AND EVIDENCE 12
4.5 OFFICIAL NOTICE 12
4.6 BURDEN OF PROOF AND ORDER OF PRESENTATION 12
4.7 RECORD OF HEARING 12
4.8 POSTPONEMENT 13
4.9 PRESENCE OF HEARING COMMITTEE MEMBERS AND VOTE 13
4.10 RECESSES AND ADJOURNMENT 13

Table of Contents
(continued)

Page

ARTICLE V. HEARING COMMITTEE REPORT AND FURTHER ACTION 13
5.1 HEARING COMMITTEE REPORT 13
5.2 ACTION ON HEARING COMMITTEE REPORT 14
5.3 NOTICE AND EFFECT OF RESULT 14
5.3.1 EFFECT OF FAVORABLE RESULT 14
5.3.2 EFFECT OF ADVERSE RESULT 14

ARTICLE VI. INITIATION AND PREREQUISITES OF APPELLATE REVIEW 14
6.1 REQUEST FOR APPELLATE REVIEW 14
6.2 WAIVER BY FAILURE TO REQUEST APPELLATE REVIEW 15
6.3 NOTICE OF TIME AND PLACE FOR APPELLATE REVIEW 15
6.4 APPELLATE REVIEW BODY 15

ARTICLE VII. APPELLATE REVIEW PROCEDURE 16
7.1 NATURE OF PROCEEDINGS 16
7.2 WRITTEN STATEMENTS 16
7.3 PRESENCE OF MEMBERS AND VOTE 16
7.4 ACTION TAKEN 16
7.5 CONCLUSION 17

ARTICLE VIII. FINAL DECISION OF THE BOARD 17
8.1 EFFECT OF REVIEW BODY DECISION 17
8.2 NOTICE 17

ARTICLE IX. GENERAL PROVISIONS 17
9.1 HEARING OFFICER APPOINTMENT AND DUTIES 17
9.2 REPRESENTATION AND ATTORNEYS AT LAW 18
9.3 WAIVER 18
9.4 OUTSIDE CONSULTANTS 18
9.5 MEDIATION 18

ARTICLE X. ADOPTION AND AMENDMENT 19
10.1 AMENDMENT 19
10.2 ADOPTION 19
10.2.1 MEDICAL STAFF 19
10.2.2 BOARD 20

CORRECTIVE ACTION PROCEDURES AND FAIR HEARING PLAN

DEFINITIONS

The definitions set forth in the Bylaws of the Medical Staff of York Hospital (the "Hospital") shall apply to the provisions of this Corrective Action Procedures and Fair Hearing Plan.

ARTICLE I. CORRECTIVE ACTION PROCEDURES

1.1 CORRECTIVE ACTION

1.1.1 WHEN INITIATED

Corrective action may be initiated whenever a Practitioner makes or exhibits acts, statements, demeanor, or professional conduct (within or outside the Hospital) which is, or is likely to be, detrimental to the quality or efficiency of patient care, disruptive to the Hospital's operations, or an impairment to the community's confidence in the Hospital. Corrective action also may be initiated whenever a Practitioner fails to satisfy any of the requirements set forth in the Bylaws, the Medical Staff Rules and Regulations, and accompanying manuals, or Hospital policies and procedures including the attendance requirements set forth in Section 10.4 of the Medical Staff Bylaws and including but not limited to the Medical Staff policies regarding Disruptive Practitioner Conduct and Impaired Practitioners.

1.1.2 REQUESTS AND NOTICES

All requests for corrective action must be in writing, submitted to the Vice President of Medical Affairs, and supported by reference to specific activities or conduct which constitute grounds for the request. The Vice President of Medical Affairs shall promptly submit a request for corrective action to the Medical Executive Committee, with a copy to the Board and the Practitioner involved.

1.1.3 PROCEDURE

Corrective action may be requested and initiated by any officer of the Medical Staff; by the Department Chairman of any Department in which the Practitioner holds appointment, exercises clinical privileges, or performs patient care services; by the Chief Executive Officer; by the Medical Executive Committee; by the Vice President of Medical Affairs; or by the Board.

1.1.4 INVESTIGATION

The Medical Executive Committee shall make all reasonable efforts in order to obtain the facts of the matter. Such investigation may be assigned to an Ad Hoc Committee at the discretion of the Medical Executive Committee. The investigative body shall collect and analyze all information necessary in order to obtain the facts underlying the request for

corrective action. Such investigation may include witness interviews, document review, or other information gathering as may be appropriate. The Practitioner shall be offered an opportunity to meet with the Medical Executive Committee, and discuss, explain, or refute any of the issues which gave rise to the investigation. The Medical Executive Committee or Ad Hoc Committee, at its discretion, may consult with an outside consultant as referenced in Section 9.4. If the investigation is conducted by an Ad Hoc Committee, it must forward a written report of the investigation to the Medical Executive Committee as soon as is reasonably practical after the assignment to investigate. The Medical Executive Committee may at any time within its discretion, and shall at the request of the Board, terminate the investigation process and proceed with action as provided in Section 1.1.5 below.

1.1.5 MEDICAL EXECUTIVE COMMITTEE ACTION

As soon as is reasonably practical after a request for corrective action is referred to it and in accordance with the process set forth in Section 1.1.4 above, the Medical Executive Committee shall deliberate, and make a recommendation to the Board. Its recommendation may include without limitation:

(a) recommending rejection of the request for corrective action;

(b) recommending a warning or a formal letter of reprimand;

(c) recommending a probationary period with retrospective review of cases, but without individual requirements of consultation or supervision;

(d) recommending individual requirements of consultation or supervision;

(e) recommending reduction, suspension, or revocation clinical privileges or rights to perform patient care services;

(f) recommending reduction of Staff category;

(g) recommending suspension or revocation of Staff appointment; or

(h) other remedies as deemed appropriate to correct or modify the Practitioner's behavior or actions which necessitated the request for corrective action.

1.1.6 EFFECT OF MEDICAL EXECUTIVE COMMITTEE RECOMMENDATION AND BOARD DECISION

(a) Favorable Recommendation: When the Medical Executive Committee decision is favorable to the Practitioner, the Vice President of Medical Affairs shall promptly forward it to the Practitioner and to the Board for review. The Board may accept, reject or modify the recommendation of the Medical Executive Committee.

(i) If the Board decision is favorable to the Practitioner, the matter shall be deemed resolved and the decision final

(ii) If the Board decision is adverse to the Practitioner as defined in Article IX of the Medical Staff Bylaws, the Vice President of Medical Affairs shall so inform the Practitioner by special notice as well as the Medical Executive Committee. The Practitioner shall then be entitled to the procedural rights as provided in Article II of this Corrective Action Procedures and Fair Hearing Plan.

(b) Adverse Recommendation: When the Medical Executive Committee recommendation is adverse to the Practitioner as defined in Article IX of the Medical Staff Bylaws, the Vice President of Medical Affairs shall so inform the Practitioner by special notice as well as the Medical Executive Committee. The Practitioner shall then be entitled to the procedural rights as provided in Article II of this Correction Action Procedures and Fair Hearing Plan.

1.2 PRECAUTIONARY SUSPENSION

1.2.1 WHEN INITIATED

Precautionary suspension may be imposed immediately whenever a Practitioner's conduct requires that immediate action be taken (a) where failure to take such action may result in imminent danger to the health of any individual including but not limited to patients, employees, or other persons in the Hospital; or (b) in order to conduct an investigation to determine whether failure to take corrective action may result in imminent danger to the health of any individual including but not limited to patients, employees, or other person in the Hospital.

1.2.2 PROCEDURE AND NOTICE

Precautionary suspension may be imposed by the Department Chairman of any Department to which the Practitioner is appointed or in which he exercises clinical privileges or performs patient care services; by the President of the Medical Staff; by the Vice President of Medical Affairs; by the Chief Executive Officer; or by the Medical Executive Committee. Each of the foregoing has the authority to suspend summarily the Medical Staff appointment or any portion of the Practitioner's clinical privileges or rights to perform care services in the Hospital. A precautionary suspension is effective immediately, and the person imposing the suspension is to give the Practitioner prompt special notice of the suspension as well as the Board and the Medical Executive Committee. A suspended Practitioner's patients then in the Hospital will be assigned to another Practitioner by the appropriate Department Chairman or his designee. If the suspended Practitioner is a member of a group practice, his patients will be assigned to another member of his group if possible. The wishes of the patient shall be considered in choosing a substitute Practitioner.

1.2.3 INVESTIGATION

Within fourteen days after imposition of a precautionary suspension pursuant to this Section 1.2, the Medical Executive Committee shall convene to conduct an initial review and consider the facts under which action was taken. The Medical Executive Committee initial review shall be limited to a determination of whether the precautionary suspension should be continued pending further investigation or whether the precautionary suspension shall be immediately lifted, or whether the precautionary suspension shall be modified. Thereafter, the applicable procedure in Sections 1.1.4, 1.1.5 and 1.1.6 above shall be followed.

1.3 AUTOMATIC SUSPENSION

1.3.1 WHEN INITIATED

Any action taken by any licensing board, professional liability insurer, court, or government agency regarding any of the matters set forth below must be promptly reported to the Vice President of Medical Affairs. Automatic relinquishment or restriction of privileges shall take effect immediately and continue until the matter is resolved and a request for reinstatement of privileges has been acted upon by the Medical Executive Committee and

approved by the Board of Directors. If the automatic relinquishment extends for more than 90 days, the Practitioner shall be deemed to have resigned from the Medical Staff.

(a) State License. Action by the state licensing board or agency revoking, limiting or suspending a Practitioner's professional license, or loss or lapse of state license to practice for any reason, shall result in automatic relinquishment of all Hospital clinical privileges. In the event the Practitioner's license is only partially restricted or placed on probation the clinical privileges that would be affected by the license restriction shall automatically be similarly restricted.

(b) Controlled Substance Authorization. Revocation, limitation, or suspension of an Practitioner's federal or state controlled substance certificate shall result in automatic relinquishment of all Hospital clinical privileges.

(c) Sanctioned Provider. Government action that results in a Practitioner becoming excluded, terminated, or otherwise ineligible from participation in any federal or state health care program (such as Medicare and Medicaid) shall result in automatic relinquishment of all clinical privileges. Government action that results in a Practitioner becoming suspended from participation in any federal or state health care program shall result in automatic suspension of all clinical privileges, pending final resolution of the matter.

(d) Criminal Activity. Conviction of any felony or of any misdemeanor involving violations of law pertaining to controlled substances, illegal drugs, violence, or a plea of guilty or nolo contendere to charges pertaining to the same shall result in automatic relinquishment of Medical Staff appointment and all clinical privileges.

(e) Medical and Other Records.

A. Timely Completion: The failure to prepare and/or complete medical records, and such other records as are required by these Bylaws or the Medical Staff Rules and Regulations in a timely fashion (as set forth in Article III of the Medical Staff Rules and Regulations) will result in automatic and immediate suspension of a Practitioner's clinical privileges or rights to perform patient care services in the Hospital, until the delinquency is corrected.

B. Membership Status: Repeated suspensions which impact patient care will be dealt with by utilization of the disruptive physician policy.

(f) Professional Liability Insurance. The failure to maintain the amount of professional liability insurance required under Section 3.1.4 of the Medical Staff Bylaws will result in immediate and automatic suspension of a Practitioner's Medical Staff appointment, clinical privileges, and rights to perform patient care service in the Hospital, until the delinquency is corrected.

(g) Dues. The failure to pay Medical Staff dues or assessments as provided in Sections 11.2 and 11.3 of the Medical Staff Bylaws will result in immediate and automatic suspension of a Practitioner's Medical Staff appointment, clinical privileges, and rights to perform patient care services in the Hospital, until the delinquency is corrected. If a practitioner's Medical Staff dues remain unpaid by December 31, then the practitioner's Medical Staff appointment, clinical privileges, and rights to perform patient care services in the Hospital shall be revoked.

1.3.2 PROCEDURE

Automatic suspensions shall be imposed by the Vice President of Medical Affairs or his designee, with notice provided to the Medical Executive Committee and the Department Chairman of each Department to which the Practitioner is appointed, or in which he exercises clinical privileges or performs patient care services. Notice shall also be provided to the Practitioner. Further corrective action may be taken following imposition of automatic suspensions. The procedures for further action are set forth in Article IV of this Corrective Action Procedures and Fair Hearing Plan.

ARTICLE II. INITIATION OF HEARING

2.1 TRIGGERING RECOMMENDATIONS OR ACTIONS

The recommendations or actions defined as adverse in Article IX of the Medical Staff Bylaws shall entitle the Practitioner affected thereby to a hearing and appellate review rights, unless otherwise stated in the Medical Staff Bylaws, Rules and Regulations, and accompanying manuals. Notwithstanding any other provision of the Medical Staff Bylaws, the Credentials Policy and Procedure Manual, or this Corrective Action Procedures and Fair Hearing

Plan, no Practitioner shall be entitled as a right to more than one (1) evidentiary hearing and one (1) appellate review with respect to any adverse decision or action.

2.2 NOTICE OF ADVERSE DECISION OR ACTION

A Practitioner against whom an adverse recommendation has been made or adverse action has been taken all as defined in Article IX of the Medical Staff Bylaws shall promptly be given special notice of such action by the Vice President of Medical Affairs. Such notice shall:

(a) advise the Practitioner of his right to a hearing pursuant to Article II of this Corrective Action Procedures and Fair Hearing Plan;

(b) advise the Practitioner of the reasons for the adverse action;

(c) require that the Practitioner shall have thirty (30) days following the date of receipt of notice within which a request for a hearing must be submitted;

(d) summarize the Practitioner's hearing rights under this Fair Hearing Plan including those set forth in 4.3.2;

(e) state that failure to request a hearing within the specified time period shall constitute a waiver of rights to a hearing and to an appellate review on the matter; and

(f) state that following receipt of his hearing request, the Practitioner will be notified of the date, time, and place of the hearing.

2.3 REQUEST FOR HEARING

A Practitioner shall have thirty (30) days following his receipt of a notice pursuant to Section 2.2 of this Corrective Action Procedures and Fair Hearing Plan to file a written request for a hearing. Such request shall be hand delivered to the Vice President of Medical Affairs or sent to him by certified mail, return receipt requested.

2.4 WAIVER BY FAILURE TO REQUEST A HEARING

A Practitioner who fails to request a hearing within the time and in the manner specified in Section 2.3 of this Corrective Action Procedures and Fair Hearing Plan waives any right to such hearing and to any appellate review to which he might otherwise have been entitled. The Vice President of Medical Affairs shall promptly send the Practitioner special notice of action taken under Section 2.4.1 and shall notify the President of the Medical Staff, the Board and the Chairman of each Department to which the Practitioner is appointed of each such action. The effect of a waiver is as follows:

2.4.1 EFFECT OF WAIVER

A waiver constitutes an acceptance of a Medical Executive Committee recommendation and applicable Board decision in accordance with the Medical Executive recommendation, an adverse decision or adverse action of the Board, or Automatic Suspension.

ARTICLE III. HEARING PREREQUISITES

3.1 NOTICE OF TIME AND PLACE FOR HEARING

Upon receipt of a timely request for hearing, the Vice President of Medical Affairs shall deliver such request to the President of the Medical Staff and to the Board. The Vice President of Medical Affairs, in consultation with the President of the Medical Staff, shall promptly schedule and arrange for a hearing. At least thirty (30) days before the hearing, the Vice President of Medical Affairs, in consultation with the President of the Medical Staff, shall send the Practitioner special notice of the date, time, and place of the hearing, and a list of the witnesses and exhibits, if any, expected to testify or be presented at the hearing on behalf of the body whose recommendation or action prompted the hearing. This list may be supplemented or amended at any time, including during the hearing, so long as the additional material is relevant to the Corrective Action or clinical privileges, and the Practitioner and his legal counsel shall have sufficient time to study the additional information in order to respond to it. Information regarding the abilities or ethics of the Practitioner requesting the hearing concerning events occurring at any time before or after initial imposition of Corrective Action or denial of appointment to the Medical Staff shall be deemed relevant for purpose of this Section 3.1. A

hearing for a Practitioner who is under suspension shall be held as soon as the arrangements for it can reasonably be made.

3.2 APPOINTMENT OF HEARING COMMITTEE

3.2.1 BY HOSPITAL

A hearing occasioned by an adverse decision pursuant to Sections 9.2(a) or (b) of the Medical Staff Bylaws shall be conducted by an Ad Hoc Hearing Committee appointed by the Vice President of Medical Affairs, in consultation with the President of the Medical Staff, and shall be composed of five (5) Medical Staff Appointees of the active category. The Vice President of Medical Affairs, in consultation with the President of the Medical Staff, shall designate one of the Ad Hoc Hearing Committee Appointees as Chairman. No Practitioners in direct economic competition with the affected Practitioner may serve on the Ad Hoc Hearing Committee.

3.2.2 SERVICE ON HEARING COMMITTEE

A Hearing Committee member shall not be disqualified from serving on an Ad Hoc Hearing Committee merely because he participated in investigating the underlying matter at issue or because he has heard of the case or has knowledge of the facts involved.

3.2.3 OUTSIDE HEARING COMMITTEE

If the Vice President of Medical Affairs considers it appropriate to constitute an Ad Hoc Hearing Committee from among persons with no affiliations to the Hospital or its Medical Staff, he may do so in consultation with the President of the Medical Staff. Such persons shall not be in direct economic competition with the affected Practitioner.

ARTICLE IV. HEARING PROCEDURE

4.1 PERSONAL PRESENCE

The personal presence of the Practitioner who requested the hearing shall be required. A Practitioner who fails without good cause to appear and proceed at the hearing shall be deemed to have waived his rights in the same manner and with the same consequences as provided in Section 2.4 of this Corrective Action Procedures and Fair Hearing Plan.

4.2 PRESIDING OFFICER OR HEARING OFFICER

The Hearing Officer, if one is appointed pursuant to Section 9.1 of this Corrective Action Procedures and Fair Hearing Plan, or if a Hearing Officer is not appointed, the Chairman of the Ad Hoc Hearing Committee shall be the Presiding Officer. The Presiding Officer or Hearing Officer shall act to maintain decorum and to assure that all participants in the hearing have a reasonable opportunity to present relevant oral and documentary evidence. He shall be entitled to determine the order of procedure during the hearing, and shall make all rulings on matters of law, procedure, and the admissibility of evidence.

4.3 RIGHTS OF PARTIES

4.3.1 PRE-HEARING PROCESS

No less than fifteen days prior to the hearing, the Practitioner shall provide the Hospital with a list of witnesses and exhibits, if any, expected to testify or be presented at the hearing on behalf of the Practitioner. This list may be supplemented or amended at any time by the Practitioner, including during the hearing, so long as (i) the additional material is relevant in order to rebut evidence and case presented by the Medical Staff pursuant to Section 4.6, and (ii) legal counsel to the Medical Staff shall have sufficient time to study the additional information in order to respond to it. Except as otherwise provided in this Corrective Action Procedures and Fair Hearing Plan, neither party shall be entitled to any discovery of information or documents. All such requests shall be subject to the discretion of the Presiding Officer or Hearing Officer.

4.3.2 HEARING PROCESS

During a hearing, each of the parties shall have the right to:

(a) call, examine, and cross examine witnesses;

(b) introduce exhibits;

(c) impeach any witness;

(d) rebut any evidence; and

(e) the right to representation by an attorney or other person of the party's choice.

If the Practitioner who requested the hearing does not testify in his own behalf, he may be called and examined as if under cross-examination.

4.4 PROCEDURE AND EVIDENCE

The hearing need not be conducted strictly according to rules of law relating to the examination of witnesses or presentation of evidence. Any relevant matter upon which reasonable persons customarily rely in the conduct of serious affairs shall be admitted, regardless of the admissibility of such evidence in a court of law. Each party shall, before and/or after the hearing, be entitled to submit memoranda concerning any issue CF law or fact, and such memoranda shall become part of the hearing record. Oral evidence shall be taken only on oath or affirmation administered by any person appropriately designated by him and entitled to notarize documents in the Commonwealth of Pennsylvania.

4.5 OFFICIAL NOTICE

In reaching a decision, the Ad Hoc Hearing Committee may take official notice, either before or after submission of the matter for decision, of any generally accepted technical or scientific matter relating to the issues under consideration and of any facts that may be judicially noticed by the courts of the Commonwealth of Pennsylvania.

4.6 BURDEN OF PROOF AND ORDER OF PRESENTATION

The Medical Staff shall proceed with its case first and has the burden of establishing that the adverse recommendation or action is supported by substantial evidence. Following completion of the Medical Staff case, the Practitioner requesting the hearing shall then present his case, and shall have the burden of proving, by clear and convincing evidence, that the adverse recommendation or action lacks any substantial factual basis or that such basis or the conclusions drawn therefrom are either arbitrary, unreasonable, or capricious.

4.7 RECORD OF HEARING

A record of the hearing shall be kept that is of sufficient accuracy to permit an informed and valid judgment to be made by any group that may later be called upon to review the record and render a recommendation or decision in the matter. The Ad Hoc Hearing Committee may select the method to be used for making the record, such as court reporter,

electronic recording unit, or any other method that would produce a detailed verbatim transcription. The Practitioner shall be entitled to obtain copies of the record upon payment of any reasonable charges associated with the preparation of the record.

4.8 POSTPONEMENT

Requests for postponement of a hearing shall be granted by the Ad Hoc Hearing Committee only upon a showing of good cause and only if the request is made as soon as is reasonably practical.

4.9 PRESENCE OF HEARING COMMITTEE MEMBERS AND VOTE

A majority of the Ad Hoc Hearing Committee must be present throughout the hearing and deliberations. If a Committee member is absent from any part of the proceedings, he shall not be permitted to participate in the deliberations or the decision.

4.10 RECESSES AND ADJOURNMENT

The Ad Hoc Hearing Committee may recess and reconvene the hearing, without additional notice, for the convenience of the participants or for the purpose of obtaining new or additional evidence or consultation. upon conclusion of the presentation of oral and written evidence, the hearing shall be closed. The Ad Hoc Hearing Committee shall thereupon, at a time convenient to itself, conduct its deliberations outside the presence of the parties. Upon conclusion of its deliberations, the hearing shall be declared finally adjourned.

ARTICLE V. HEARING COMMITTEE REPORT AND FURTHER ACTION

5.1 HEARING COMMITTEE REPORT

As soon as is reasonably practical after final adjournment of the hearing pursuant to Section 4.10 of this Corrective Action Procedures and Fair Hearing Plan, the Ad Hoc Hearing Committee shall make a written report of its findings and recommendations in the matter and shall forward the same, together with the hearing record and all other documentation considered by it, to the body whose adverse recommendation or action occasioned the hearing, and to the Board. All findings and recommendations by the Ad Hoc Hearing Committee shall be supported by reference to the hearing record and the other documentation considered by it. The Vice

President of Medical Affairs shall promptly forward the Ad Hoc Committee report to the Practitioner.

5.2 ACTION ON HEARING COMMITTEE REPORT

The Board shall consider the Ad Hoc Hearing Committees report and affirm, modify, or reverse the initial recommendation or action in the matter. The Board shall transmit its result, to the Vice President of Medical Affairs. The Vice President of Medical Affairs shall notify the Practitioner and the President of the Medical Staff of the Board's decision.

5.3 NOTICE AND EFFECT OF RESULT

5.3.1 EFFECT OF FAVORABLE RESULT

If the Board's result pursuant to Section 5.2 of this Corrective Action Procedures and Fair Hearing Plan is favorable to the Practitioner who requested the hearing, such result shall become the final decision of the Board and the matter shall be considered finally closed.

5.3.2 EFFECT OF ADVERSE RESULT

If the result of the Board continues to be adverse to the Practitioner who requested the hearing as defined in Article II of this Corrective Action Procedures and Fair Hearing Plan, the special notice required by Section 5.2 of this Corrective Action Procedures and Fair Hearing Plan shall inform the Practitioner of his right to request an appellate review by the Board as provided in Articles VI and VII of this Corrective Action Procedures and Fair Hearing Plan.

ARTICLE VI. INITIATION AND PREREQUISITES OF APPELLATE REVIEW

6.1 REQUEST FOR APPELLATE REVIEW

A Practitioner shall have twenty (20) days following his receipt of a notice pursuant to Section 5.3-3 of this Fair Hearing Plan to file a written request for an appellate review. Such request shall be hand delivered to the Vice President of Medical Affairs or sent to him by certified mail, return receipt requested, and may include a request for a copy of the report of the Ad Hoc Hearing Committee, the hearing record, and all other material, favorable or unfavorable, if not previously forwarded, that was considered in making the adverse recommendation or in taking the adverse action. The request for appellate review shall

specifically set forth the basis for the Practitioner's request including the specific facts which the Practitioner believes justifies the appeal requesting that the Board reconsider its decision. An appeal may only be pursued by the Practitioner on the basis that there was a substantial failure to comply with the Medical Staff Bylaws, the Credentials Policy and Procedure Manual, or this Corrective Action Procedures and Fair Hearing Plan, or that the decision was arbitrary, capricious, or not supported by substantial evidence.

6.2 WAIVER BY FAILURE TO REQUEST APPELLATE REVIEW

A Practitioner who fails to request an appellate review within the time and in the manner specified in Section 6.1 above waives any right to such review. Such waiver shall have the same force and effect as that provided in section 1.4 of this Corrective Action Procedures and Fair Hearing Plan.

6.3 NOTICE OF TIME AND PLACE FOR APPELLATE REVIEW

Upon receipt of a timely request for an appellate review, the Vice President of Medical Affairs shall promptly arrange for an appellate review by the Board. An appellate review for a Practitioner who is under a suspension shall be held as soon as the arrangements for it can reasonably be made. At least thirty (30) days before the appellate review, the Vice President of Medical Affairs shall send the Practitioner special notice of the date of the review. The time for the appellate review may be extended by the appellate review body for good cause, if a request therefor is made as soon as is reasonably practical.

6.4 APPELLATE REVIEW BODY

The Board shall determine whether the appellate review shall be conducted by the Board as a whole or by an Appellate Review Committee of five (5) members of the Board appointed by the Chairman of the Board. If an Appellate Review Committee is appointed, the Chairman of the Board shall designate one of the Committee's members as Chairman.

ARTICLE VII. APPELLATE REVIEW PROCEDURE

7.1 NATURE OF PROCEEDINGS

The proceedings by the appellate review body shall be in the nature of an appellate review based upon the record of the hearing before the Ad Hoc Hearing Committee, that Committee's report, and all subsequent actions thereon. The appellate review body also shall consider the written statements, if any, submitted pursuant to Section 7.2 of this Corrective Action Procedures and Fair Hearing Plan and such other material as may be presented and accepted under Sections 7.4 and 7.5 of this Corrective Action Procedures and Fair Hearing Plan.

7.2 WRITTEN STATEMENTS

The Practitioner seeking the appellate review must submit a written statement detailing the findings of facts, conclusions, and/or procedural matters with which he disagrees, and his reasons for such disagreement. This written statement may cover any matters raised at any step in the hearing process, and legal counsel may assist in its preparation. The statement shall be submitted to the appellate review body through the Vice President of Medical Affairs at least fifteen (15) days before the scheduled date of the appellate review. A written statement in reply may be submitted by the Board at least five (5) days before the scheduled date of the appellate review, and legal counsel may assist in its preparation. The Vice President of Medical Affairs shall provide a copy thereof, if any, to the practitioner before the scheduled date of the appellate review. At the discretion of the appellate review body, both parties may be permitted to submit written statements at the conclusion of the appellate review, or the appellate review body may request the presence of either party before the appellate review body's deliberations.

7.3 PRESENCE OF MEMBERS AND VOTE

A majority of the appellate review body must be present throughout the review and deliberations. If a member of the appellate review body is absent from any part of the proceedings, he shall not be permitted to participate in the deliberations or the decision.

7.4 ACTION TAKEN

The appellate review body may recommend that the Board affirm, modify, or reverse the adverse result or action taken by the Board pursuant to Section 5.3.3, of this

Corrective Action Procedures and Fair Hearing Plan, or, in its discretion, may refer the matter back to the Ad Hoc Hearing Committee for further review and recommendations to be returned to it in accordance with its instructions. As soon as is reasonably practical after receipt of the Ad Hoc Hearing Committee's subsequent recommendation's after referral, the appellate review body shall make its recommendation to the Board as provided in Article VIII.

7.5 CONCLUSION

The appellate review shall not be deemed to be concluded until all of the procedural steps provided herein have been completed or waived.

ARTICLE VIII. FINAL DECISION OF THE BOARD

8.1 EFFECT OF REVIEW BODY DECISION

The appellate review body's recommendation shall be forwarded to the Board, and the Board's action on the appellate review body's recommendation, is the final decision in the matter. The Practitioner shall not be entitled to additional hearings or appellate review.

8.2 NOTICE

The Vice President of Medical Affairs shall send special notice of the final decision of the Board to the Practitioner who requested the appellate review, with a copy to the President of the Medical Staff.

ARTICLE IX. GENERAL PROVISIONS

9.1 HEARING OFFICER APPOINTMENT AND DUTIES

The use of a Hearing Officer to preside at the evidentiary hearing provided for in this Fair Hearing Plan is optional and is to be determined by the Vice President of Medical Affairs in consultation with the President of the Medical Staff. A Hearing Officer may or may not be an attorney at law, but must be experienced in conducting hearings. If a Hearing Officer is appointed, he shall act as the Presiding Officer of the hearing pursuant to Section 4.2 of this Fair Hearing Plan.

9.2 REPRESENTATION AND ATTORNEYS AT LAW

The affected Practitioner, at his own expense, shall be entitled to be represented by an attorney or other person of his own choosing at any hearing or at any appellate review appearance, and he must state his intention to be so represented. The Medical Executive Committee, the Board, the Ad Hoc Hearing Committee, and the appellate review body shall be allowed representation by an attorney at law.

9.3 WAIVER

If at any time after receipt of special notice of an adverse recommendation, action, or result, a Practitioner fails to make a required request or appearance or otherwise fails to comply with this Corrective Action Procedures and Fair Hearing Plan or to proceed with the matter, he shall be deemed to have consented to such adverse recommendation, action, or result and to have voluntarily waived all rights to which he might otherwise have been entitled under the Medical Staff Bylaws then in effect and under this Corrective Action Procedures and Fair Hearing Plan with respect to the matter involved.

9.4 OUTSIDE CONSULTANTS

If at any time throughout the process outlined in this Corrective Action Procedures and Fair Hearing Plan, the Medical Executive Committee, the Board, the Ad Hoc Hearing Committee, or the appellate review body considers it appropriate to consult an outside consultant (i.e., one with no affiliations to the Hospital or its Medical Staff), such body may do so.

9.5 MEDIATION

Upon mutual agreement of the Hospital and the Practitioner, the parties shall submit all disputed matters which are the basis for any requested hearing to mediation ("Mediation"). The matter shall be submitted to a panel of two mediators comprised of at least one physician. The panel of mediators shall be mutually acceptable to both parties. Each party shall be responsible for its own attorneys' fees, expert fees, cost of producing exhibits, or loss of income due to participation in the Mediation. The parties shall be equally responsible for all other fees, costs or expenses associated with the Mediation including mediator fees. The Mediation process shall be determined by a mediation agreement to contain mutually acceptable

terms and conditions. Mediation shall occur prior to the hearing scheduled pursuant to Article II. Only upon mutual agreement of the parties and subject to mutually acceptable terms and conditions shall the hearing be postponed for purposes of completing the Mediation.

ARTICLE X. ADOPTION AND AMENDMENT

10.1 AMENDMENT

This Corrective Action Procedures Fair Hearing Plan may be amended or repealed, in whole or in part, as provided by Sections 12.2.2 of the Medical Staff Bylaws.

10.2 ADOPTION

10.2.1 MEDICAL STAFF

The foregoing Corrective Action Procedures Fair Hearing Plan was adopted and recommended to the Board by the Medical Staff in accordance with and subject to the Medical Staff Bylaws.

_____

PRESIDENT OF THE MEDICAL STAFF

_____

DATE

10.2.2 BOARD

The foregoing Corrective Action Procedures and Fair Hearing Plan was approved and adopted by resolution of the Board after considering the Medical Staff's recommendation.

/s/
CHAIRMAN OF THE BOARD OF DIRECTORS

DATE

Including amendments adopted:

April 27, 1989
July 26, 1990
April 5, 1991
March 30, 1993
March 29, 1994
June 28, 1995
May 28, 1996
June 25, 1996
December, 2002
March 24, 2010
July 22, 2013
April 27, 2016